**Croydon Council**

**Croydon Social Work**

**Practice Standards Framework**

**2025**

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# Introduction

* 1. The purpose of this document is to encourage and promote best practice throughout the Croydon’s Adult Social Work teams. This is to ensure consistent, legally competent, efficient and high-quality services are delivered to our residents, underpinned by a framework of quality assurance and a firm commitment to Equality, Diversity and Inclusion. It will be the shared responsibility of all Social Work staff to ensure that we are meeting this priority.
	2. Our borough and workforce are diverse, and we will treat all individuals with dignity and respect. The services we run and provide must reflect the lived experiences of all. It is important that Croydon remains an inclusive place to live and work, where people feel happy, safe and supported.
	3. We will focus on building relationships with residents and service users, listening to their stories, understanding their wider familial, community and work context. Our assessments, reviews and reports will explore their motivations, hopes and aspirations. This enables better planning to achieve the person’s desired outcomes.
	4. We will listen to feedback, identify solutions to continually improve practice. This will contribute to a culture of transparency in service delivery and practice development.
	5. This document is not a Standard Operating Procedure, it is a practice guide to encourage professional curiosity and development through a strengths-based lens.

# Croydon’s Vision

**‘Enabling people to live in a place they call home, with the people and things that they love, doing the things that matter to them, in communities which look out for one another’** (#socialcarefuture).

* 1. Over the next 4 years, the Mayor’s 2022 – 2026 Business Plan, is to deliver ‘sound and sustainable local government services’ to our residents in Croydon.  There are 5 priorities within the Mayors Business Plan (2022 – 2026). Outcome 5 specifically links to Adult Social Care’s vision whereby *‘People can lead healthier and independent lives for longer’.*
	2. All the teams within Adult Social Care and Health (ASCH) are important. Working closely together we can achieve our fundamental vision for Adult Social Care that residents should live as independent lives as possible, carers are supported in their caring role and our adults at risk of abuse or neglect are kept safe from harm.
	3. Our mission is to make the best use of available resources to keep people in Croydon safe and independent. To achieve this, we must target our offer and be precise in what we can affordably do for our residents and utilise peoples’ strengths to maximise their independence.
	4. Where possible, we want to enable our residents to have their own front door, and to live in the borough and be connected to their communities.
	5. Our core offer is:
* **Safeguarding adults at risk of abuse or neglect,**
* **Providing social care information and advice to all residents and their families who need it,**
* **Supporting residents who have care and support needs in partnership with voluntary and community sector (VCS) organisations and active citizens, in an asset-based approach underpinned by community led support,**
* **Providing support proportionately, ensuring we make best use of the resources we have available,**
* **Commission services that meet the delivery of the core offer and to have a sustainable and quality market for residents,**
* **Integration with Health where it makes sense for local residents, and,**
* **Developing an integrated plan to manage the long-term effects of COVID.**

# Legal Guidance

* 1. The main legislative framework Croydon follow is the Care Act (2014) & Care and Support Statutory Guidance.
	2. The act sets out responsibilities, duties and principles for us as a local authority. Our responsibilities in the Adult Social Care & Health directorate reaches beyond completing assessments and reviews.
	3. Staff must ensure they understand and follow all aspects of the Care Act (2014), such as our duty to consider the wellbeing of our residents, including carers, and our duty to work in partnership to achieve the best outcomes for our residents.
	4. There are other legislations and regulations underpinning the practice of Adult Social Care & Health. Each practitioner has access to their relevant legislative framework, guidance and case law to support their knowledge and practice applicable to their role and area of expertise.
	5. Other legislation linking to statutory practice includes the Mental Health Act 1983 (as amended 2007); Mental Capacity Act 2005; Human Rights Act 1998 & Equality Act 2010; Children Act 1989 to name a few.
	6. To ensure that all staff are kept up to date with their relevant training, we have a good training provision.

# Croydon’s Practice Standards Framework

## **Standard 1 - Strengths Based Assessments**

**We use a strengths-based approach, the Good Conversation model.**

We work with people by supporting an individual’s strengths and assets-based model. We will:

* 1. Have person-centred conversations, building a picture of each person’s individual strengths, preferences, aspirations and needs.
	2. Provide any support needed to enable the person to express their views and participate in the conversations, including independent advocacy if required.
	3. Involve the person’s wider social network (carers, family, friends, advocates) if that is their wish, and explore the support it may offer.
	4. Share information with the person in an accessible way so that they feel informed about care and support services, financial advice, safeguarding procedures, rights and entitlements, how to make a complaint, and personal budgets.
	5. Consider how to support and promote positive risk-taking, and promote the person’s interests and independence, including through contingency and crisis planning, and their preferences for future care and treatment.
	6. We will enable people to maintain their identity by providing culturally appropriate services that meet individual needs.
	7. We will build positive relationships, to work as equals, being open and transparent about power inequalities, and, through honest conversations, nurture relationships based on trust, kindness and respect.
	8. We will communicate clearly in a way that invites people to be fully involved, actively listening to understand lived experiences, narratives, culture and wishes, and to discover what matters to people, so that their voice is at the centre of all we do and can be evidenced in records and documents.
	9. We will celebrate the individual strengths of each person and their close networks, through listening to how they have managed and how they want to live.
	10. We aim to understand the person’s culture, their lived experiences including experiences of trauma and oppression, and explore opportunities to sustain and develop networks of support.
	11. We aim to prevent, reduce and delay needs wherever possible, encouraging people to identify their own solutions, and seeking local support networks and community options as well as formal provision.
	12. We take a whole family approach, including exploring the impact of the person’s needs on children, carers and others in their network. We are alert to where there could be safeguarding concerns.
	13. We clearly identify a person’s care and support needs in our assessment and care plan documents, including the impact of unmet needs, and provide them with a copy in a format that is accessible for them. We are clear which needs are eligible for Council funded support and those which are not, and why.

## **Standard 2 – Care & Support Planning**

**We develop collaborative care and support plans.**

* 1. We are clear that our role in support planning is to meet people’s eligible needs under the appropriate legislation, e.g., Care Act 2014 (S.10), Mental Health Act 1983 (S.117), National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012.
	2. We believe in supporting people to lead meaningful lives and work with them to find ways to meet their needs, rather than focusing on the provision of services. Alongside developing a care and support plan to meet eligible needs, we are creative and do not just focus on eligible care and support needs.
	3. We develop care and support plans, in plain language or other accessible formats, linking them, where necessary, with other plans, (such as the care plans of carers or family members, or Education, Health and Care plans)
	4. We ensure people are informed of the personal budget agreed for them, the outcomes it is linked to, and their own financial contribution.
	5. Our approach is that the person using care and support is central to the way they want their care planned and delivered, based around their individual needs, preferences, and priorities. People are regarded as an equal partner and it puts into practice the principle of ‘nothing about me without me’.
	6. We will give people a copy of their care and support plan, and share it with providers and relevant partners as appropriate.

## **Standard 3 – Reviews**

**We ensure that reviews are carried out annually, or when circumstances change.**

* 1. We have person centred, outcome focused review conversations, that are accessible and proportionate to the person and their needs.
	2. We reflect on what is working, what is not working and what may need to change during our review conversations. We consider whether the person’s outcomes have been met and whether new outcomes need to be explored.
	3. We ensure that the person is central to their review, involving people of their choice, advocates and/or the relevant person’s representative where appropriate and relevant.
	4. We ensure that, where a person’s circumstances and/or needs and budget have changed significantly, a reassessment is carried out.
	5. We consider the quality of care that is commissioned for the person, asking them and ourselves ‘is it of good quality?’ We are all responsible for reviewing the quality of care and support and reporting any concerns.
	6. We ensure review conversations take place 6 weeks after a support plan is first implemented, and then as required for the individual’s circumstances, ensuring that reviews are no longer than 12 months apart. We recognise that reviews can prevent escalating needs, risk and crisis situations.

## **Standard 4 – Keeping People Safe**

**People in Croydon who are at risk of abuse or neglect are kept safe from harm.**

* 1. We are all responsible for recognising, responding to, and reporting safeguarding concerns for adults or children in line with local procedures and legislative duties. We take a whole family approach to safeguarding considering the needs of others who may also be at risk. We make sure that when an alleged perpetrator is a child, an adult at risk, or a carer, their needs are also addressed.
	2. We discuss and explore risk throughout our assessment conversations, support planning, and reviews. We use risk assessment tools, where needed and useful, to support understanding and ensure robust, proportionate and appropriate recording.
	3. We adhere to the 6 Principles of Safeguarding within the Care Act 2014
* Empowerment: Supporting people to make their own decisions and give informed consent
* Prevention: Taking action before harm occurs
* Proportionality: Using the least intrusive response appropriate to the risk
* Protection: Providing support and representation for those in greatest need
* Partnership: Working with communities to find local solutions
* Accountability: Practicing safeguarding with transparency and accountability
	1. We recognise that taking risks is part of life and can bring positive outcomes through approaching risk in a strengths-based way. Helping people to understand risks can empower them to make informed choices. We will co-produce risk assessments and action plans, capturing the wishes, feelings, and views of the person, and/or relevant others.
	2. We ensure, where risks are identified, that the person’s mental capacity to make a specific decision in relation to risks is evidenced in their records. This includes their right to take risks, even if we feel it is unwise.
	3. We actively facilitate advocacy when needed for enquiry work, meetings, planning, or reviews, to assist the person to be involved and where possible, to make decisions.
	4. We will take active steps to invite people to feel safe in their interactions with us and aim to build trust. We will seek to understand people's lived experiences of adversity, oppression and trauma, and how these experiences can impact on forming and maintaining relationships.
	5. We review history, working together with the person, their circle of support (including care providers and other professionals, those in the support network ) as appropriate, to identify incidents, patterns or concerns where the nature of risks relate to the person or others.
	6. This process enables a balanced approach to risk, rights, choice, and control that focuses on the outcomes for the individual person. We acknowledge and record that where residual risks remain, everything possible has been done to mitigate risks, and review risks regularly.
	7. We ensure professional involvement in a person’s life is proportionate, providing the least intrusive response appropriate to the risk presented, whilst maintaining professional curiosity throughout.
	8. We make sure that where any protective actions are declined, they are recorded with clear reasons and shared with the person and relevant others.
	9. We ensure that we work collaboratively with our partners to safeguard our residents and work with our Safeguarding Team as appropriate.
	10. We protect people from avoidable harm, neglect, and abuse. When mistakes happen, we learn lessons and embed the learning into practice.

## **Standard 5 – Partnership Working**

**We encourage working with our partners and promote community engagement.**

* 1. We will promote better health and wellbeing and work together with families and communities, including local voluntary and community groups. We will work with our partners to prevent people needing our support. We will do this by providing information and advice so that people can benefit from services, facilities or resources which improve their wellbeing. This service might not be focused on particular health or support needs – but is available for the whole population. For example, green spaces, libraries, adult learning, places of worship, community centres, leisure centres, information and advice services.
	2. Croydon has a diverse range of communities, we partner with providers who reflect the diversity of our community to enable people who access services to feel psychologically safe. We have a unique opportunity to do this through our work with Healthy Communities Together (HCT) supported by our Croydon’s localities operating model.
	3. We consider community strengths and assets, building a stronger connection between the person and their community is mutually beneficial. By bringing services closer to communities this brings strong local knowledge which can inform approaches to build on the strengths of individuals and those communities.
	4. We will ensure that local priorities inform routes to market and procurement strategies, and in simplifying commissioning, enable our local grassroots groups to innovate in public service delivery
	5. We will engage and involve Carers & Resident Networks.

## **Standard 6 - Timescales**

**We aim to ensure our communication and actions are undertaken in a timely manner.**

* 1. We will ensure people know who to contact and how to contact them, in a way that works for them. We respond to people promptly, keep them informed and updated on progress or changes, and seek to resolve any disagreements quickly.
	2. Phone calls into ASCH are answered immediately by our Adult Early Intervention support service (AEISS)
	3. Referrals received via the online portals will be triaged by the end of the next working day after they are sent to us
	4. Emails will be reviewed by the end of the next working day after they are sent to us.
	5. Each contact with Croydon is assessed regarding risk and complexity to establish next steps.
	6. Allocations are considered on a case by case basis as to long term social work involvement.
	7. Cases awaiting allocation following risk assessment , are sent correspondance advising of support services in the local area and contact details of ASCH.
	8. Cases remaining on the waiting list are re-contacted after 3 weeks to re-assess and re-prioritise as appropriate.
	9. Our Social Work teams aim to contact and arrange assessment within 48 hours of allocation.
	10. Our Social Work teams aim to complete, carry out and write up their assessment or review within 28 days, this includes sending a copy of the assessment or review to the service user and provider, once authorised.
	11. We respond to complaints within 10 working days of receipt.

## **Standard 7 - Recording Standards**

**We ensure our recording is accurate, safe and anti-oppressive.**

* 1. We will ensure all written letters and documents are clear and precise, avoiding confusion or misinformation. We use plain jargon free language, or other accessible methods of communication, to support people to understand what is being explained or discussed, making sure they have the right information, at the right time, to empower people to make informed decisions.
	2. We will ensure records are always person-centred and capture the wishes, feelings, views and culture of the person, and/or relevant others throughout.
	3. We utilise and record case summaries, transfer summaries and closure summaries at relevant intervals to ensure clear summaries for colleagues and prevent the need for people to have to retell their stories.
	4. Our case recording standards apply to all records we keep and to our written communication and documentation, including case notes, assessments, support plans, letters and emails.
	5. We ensure our case notes are written within 48 hours of the contact.
	6. We document a clear rationale for key decisions made.
	7. When we are recording, we will be mindful, that residents have the right to request their records.
	8. We maintain records within the legal frameworks of Data Protection Act 1998, GDPR and Caldicott Principles, legal professional privilege and Accessible Information Standards.
	9. We will work in line with our Data Protection Policy.
	10. Our main recording system is LAS. The expectation is that practitioners record their actions, decisions and outcomes on LAS accurately and in line with our recording guidance.
	11. It is imperative for practitioners and managers to remember that if something has not been recorded, it has not been ‘done’.
	12. We have a library of [best practice guidance](https://www.proceduresonline.com/croydon/adults/chapters/default_chapters/p_recording_records.html?zoom_highlight=recording) notes that explain our expectations and processes and it is the responsibility of all staff to ensure they have read and understood their responsibilities and our expectations.

## **Standard 8 – Performance**

**We use supervision, training & audits to improve our services & practice.**

* 1. We share weekly directorate emails to disseminate information across adult social care and health.
	2. We share learning and promote service integration via bi-monthly Social Work Forums.
	3. We promote best practice and share learning via bi-monthly Social Work Workshops.
	4. We share up to date knowledge, evidence-based practice, research and legal learning, via the monthly PSW newsletter.
	5. As a workforce, we are committed to ensuring our practice remains informed, relevant and in accordance with current developments in the community.
	6. We listen to the views of our workforce to understand how we can better support them, individually and collectively.
	7. We use our combined intelligence to highlight and act on emerging problems and to guide and share best practice.
	8. We will be open and honest and ensure that feedback is obtained, analysed, and used to inform standards and improve quality.
	9. We identify existing sources of available feedback from people who use services, their families, and carers on the quality of care to support improvement of practice and services.
	10. We embed standards and service direction by coproducing strategies, to clearly outline performance objectives and expectations.
	11. We are committed to quality assurance across each of the outcomes within the Adult Social Care Strategy.
	12. We ensure all staff receive regular, practice-focused supervision in accordance with our supervision policy.
	13. We ensure supervision is valuable and a priority for both supervisees and supervisors. Supervisors demonstrate compassionate leadership, anti-oppressive, anti-racist and trauma informed approaches to supervision.
	14. We make and keep written supervision records, using the templates and tools provided. They are signed and shared by both supervisor and supervisee and kept in a secure file.
	15. We ensure that all staff critically reflect on their practice/performance which is recorded in supervision notes, alongside key learning and practice development needs.
	16. We undertake audits to explore our practice, to identify areas for development and areas of excellence to improve the experience for our residents. We identify training needs for our workforce.

## **Standard 9 – Decision Making**

**We support decision making through safe, least restrictive practice.**

* 1. We support people’s right to make their own choices, ensuring they have all relevant information at the right time to enable them to make well informed decisions even if others may think they are unwise. We explore any risks regarding specific decisions with the person and record these and our discussions in the relevant risk assessment.
	2. We assume people have the mental capacity to make specific decisions unless it is established that they do not. Where a person does not have mental capacity to make a specific decision, we ensure that a suitable person or advocate is engaged at the earliest opportunity. This ensures that the persons’ voice is heard and that any decisions made on behalf of a person who lacks capacity are person centred, least restrictive of their rights and freedoms, and always in their best interests.
	3. We facilitate supported decision making by using person-centred approaches relevant to the person’s needs, for example, communication support such as communication aids/tools, interpreters, speech and language therapy. We consider factors such as time, place, support and confidentiality.
	4. We ensure mental capacity assessments always follow the 5 principles of the Mental Capacity Act 2005, and are clearly evidenced and recorded, in the person’s records.
	5. We use professional curiosity, critical thinking and analysis to make sense of a person’s situation, understand what is happening, or has happened, and the implications for them. We critically reflect and analyse available evidence to inform decisions and communicate/record a clear rationale for decisions. Management support /oversight is sought when necessary.
	6. We ensure decision making is inclusive. Decision-making considers equality, protected characteristics, rights, social justice and is within relevant legal or policy frameworks.
	7. We are accountable for all our professional judgements by ensuring all decision making is defensible and clearly recorded. We ensure our records are accurate, objective, and clearly define between fact and professional opinion, with valid supporting evidence. We follow relevant practice guidance and refer to formal dispute resolution where necessary through the appropriate service e.g. Local Government Ombudsman, Office of the Public Guardian or Court of Protection.

## **Standard 10 – Equality, Diversity & Inclusion**

**We promote diversity and equity of access to services.**

* 1. Promoting a person-centred approach, which includes treating all people with respect, compassion, and dignity in a caring environment. We will promote people’s human rights and their rights to equality with others.
	2. We make no assumptions and work with all people as individuals with dignity and respect. We are acutely aware that individuals will have diverse lived experiences that may include experiences of oppression and trauma.
	3. We recognise that people are the experts in their own lives, what matters to them and the life they want to lead.
	4. We commit to an inclusive culture, which is reflected in our practice and direct work with people and the communities within which we work, recognising identity as integral to a person’s wellbeing.
	5. We take an anti-oppressive, anti-racist and trauma informed approach to working with people and we do not support or accept discrimination to or from others.
	6. We work flexibly, thinking about how we can work differently with people and reflect critically on our use of self.
	7. We are committed to developing an environment which attracts and retains a workforce that is diverse and reflective of our communities, understanding that the more differences we have, allows a greater ability to connect with the those we work with.
	8. We use critically informed reflection to mitigate bias. We are committed to continuous personal learning to inform how we develop and deliver services.

# Appendices

**Croydon Policies & Procedures:**

Please see [Tri x](https://www.proceduresonline.com/croydon/adults/) for information to

* Recording Policy & Procedures
* Complaints Policy & Procedures
* Safeguarding Policy & Procedures
* Data Protection Policy & Procedures
* Supervision Policy
* Risk Assessment Guidance
* Croydon Council Adult Social Care &Health Strategy

Please note the above list is not exhaustive and all Croydon’s policies and procedures can be found here.

**Legislation Links:**

* [Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/contents)
* [Care Act 2014 - Statutory Guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)
* [Mental Health Act 1983](https://www.legislation.gov.uk/ukpga/1983/20/contents)
* [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents)
* [Human Rights Act 1998](https://www.legislation.gov.uk/ukpga/1998/42/contents)
* [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)
* [Autism Act 2009](https://www.legislation.gov.uk/ukpga/2009/15/contents)
* [Health & Care Act 2022](https://www.legislation.gov.uk/ukpga/2022/31/contents)
* [National Framework for NHS Continuing Healthcare & NHS Funded Nursing Care Guidance](https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care)
* [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents)
* [Children Act 2004](https://www.legislation.gov.uk/ukpga/2004/31/contents)
* [Housing Act 1996](https://www.legislation.gov.uk/ukpga/1996/52/contents)
* [Housing Act 2004](https://www.legislation.gov.uk/ukpga/2004/34/contents)

Please note the above list is not exhaustive.

**Training Offer:**

* [Croydon Mandatory Training](https://croydon.learningpool.com/login/index.php)

**Helpful Resources:**

* [Social Care Institute for Excellence](https://www.scie.org.uk/)
* [Research in Practice](https://www.researchinpractice.org.uk/adults/)
* [Community Care](https://www.communitycare.co.uk/)
* [39 Essex Chambers](https://www.39essex.com/)
* [Social Work England](https://www.socialworkengland.org.uk/)
* [The Professional Association for Social Work & Social Workers - BASW](https://basw.co.uk/)
* [Local Government Association - LGA](https://www.local.gov.uk/)
* [Skills for Care](https://www.skillsforcare.org.uk/Home.aspx)
* [Information Commissioners Office - ICO](https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/)
* [Local Government & Social Care Ombudsman - LGO](https://www.lgo.org.uk/)

Please note this is not an exhaustive list

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